

Appendix A

Procured Services Work Sheet (PWS)

Instructions: Complete the PWS as follows:

PWS Part I—Completed by the Responsible Individual

The Responsible Individual initiates the ES&H procured services documentation using a PWS. The Responsible Individual must provide the following information on the PWS:

Management Chain. The Responsible Individual lists the management chain from the Responsible Individual to the Associate Director.

Location. The Responsible Individual identifies where the work is to be performed, the FPOC responsible for the location, and the appropriate ES&H Team assigned to the location. The Responsible Individual shall also indicate whether the work is to be performed at an offsite location at which LLNL has management responsibility.

Scope of Work. The Responsible Individual completes the scope of work statement and shall define the work activity in sufficient detail to allow for informed review by the ES&H Team, FPOC, and subcontractor. The scope of work statement may be as short as one paragraph, depending on the complexity of the work activity.

Hazard Disclosure Statement for the Work Location. The Responsible Individual identifies what hazards exist at the work location, what actions are to be taken to mitigate work location hazards, and who is responsible for each mitigation action.

Mitigation Actions. The Responsible Individual describes as appropriate what actions will be taken to mitigate facility hazards and whether LLNL or the subcontractor is responsible for each mitigation action.

PWS Part II—Completed by the Responsible Individual in Consultation with the ES&H Team

Except for procured services listed on the Designated Commercial Services List and performed in a work location where only negligible hazards are present, the Responsible Individual and the ES&H Team (or designee) reviews each procured service activity. Based on the subcontracted service, the hazards at the work location, and the actions taken to mitigate the hazards, the Responsible Individual in consultation with the ES&H Team (or designee) completes Part II of the PWS and provides information regarding:

- Subcontractor ES&H documentation requirements.
- Identification of LLNL-specified work location training requirements.
- Unique LLNL standards applicable to the subcontracted activities.
- Additional ES&H documents, permits, approvals, and medical surveillance required.

PWS—Signatures

Before allowing work to commence, the Responsible Individual shall ensure the following persons appropriately sign the PWS:

- Responsible Individual—Stating that all hazards have been reviewed and agreeing to implement controls identified in the PWS.
- FPOC—Concurring that the subcontracted work falls within the safety envelope of the facility or area and may commence once authorized.
- ES&H Team leader (or designee)—Concurring that the hazards and controls have been properly identified and that work may commence once authorized.
- Authorizing Individual—Stating that the controls have been confirmed and that the work is authorized once the Procurement & Materiel Department issues a notice to proceed.

Procured-Services Work Sheet (PWS)

Requisition # _____ **TRR Name:** _____

Part I Authorizing Organization Information (completed by RI)	Management Chain: Name of Responsible Individual (RI), Alternate RI, names of line managers between the RI and Authorizing Individual (AI), name of AI, name of the Authorizing Organization and title of AD : _____						
	<table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">Location</td> <td style="width: 15%;">Room(s)</td> <td style="width: 15%;">FPOC</td> <td style="width: 15%;">ES&H Team</td> <td style="width: 40%;">Est. Completion Date: _____</td> </tr> </table> <p style="text-align: right;">LLNL has management responsibility for an off-site location: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		Location	Room(s)	FPOC	ES&H Team	Est. Completion Date: _____
	Location	Room(s)	FPOC	ES&H Team	Est. Completion Date: _____		
	<p>Or applies to: <input type="checkbox"/> All LLNL <input type="checkbox"/> Site 200 <input type="checkbox"/> Site 300 <input type="checkbox"/> Nevada Test Site <input type="checkbox"/> Off-site Location: _____</p>						
<p>Scope of Work Statement: (Describe the work activity, emphasizing the safety aspects of the work). or <input type="checkbox"/> scope of work attached</p>							
Part II ES&H Review (completed by RI with ES&H Team)	<p>Hazard Disclosure Statement for the Work Location:</p> <p><input type="checkbox"/> There are only negligible hazards present at the work location.</p> <p><input type="checkbox"/> Hazards are present in the facility or at the work location beyond a negligible level. (Describe briefly for the subcontractor the hazards and their location identified as part of the facility in which the work will be done.) or <input type="checkbox"/> see attached</p>						
	<p>Mitigation Actions: Describe the actions taken to mitigate facility hazards. Note: Designate the party responsible for each required mitigation action. (Subcontractor or UC).</p>						
	<p>Subcontractor ES&H Documentation Required: RI to contact ES&H Team prior to Subcontractor starting work. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>1. <input type="checkbox"/> No safety documentation required.</p> <p>2. <input type="checkbox"/> Subcontractor ES&H TIP List required. If the document is already on file, provide: Project Title/Date _____</p> <p>3. <input type="checkbox"/> Project Safety Plan required. If the document is already on file, provide: Title/Date _____</p>						
	<p>LLNL Training Requirements: List required LLNL training subcontractor must complete. (Note if not applicable to all participants.)</p>						
LLNL Signatures	<p>Additional Standards: List required standards different from OSHA requirements.</p>						
	<p>ES&H Documents/Permits/Approvals/Medical Surveillance: Additional controls are as follows (to be obtained by LLNL, not the subcontractor):</p> <p><input type="checkbox"/> Other ES&H Documents needed: _____</p> <p><input type="checkbox"/> LLNL Work Permits/Approvals: _____</p> <p><input type="checkbox"/> Agency Work Permits/Approvals: _____</p> <p><input type="checkbox"/> Medical Surveillance/Certification: _____</p>						
	<p>As the RI, I have reviewed the hazards and agree to implement the controls identified in this PWS:</p> <p>Responsible Individual(RI): _____ Date: _____</p> <p>The proposed work is compatible with co-located activities and falls within the safety envelope of the facility.</p> <p>FPOC Concurrence: _____ Date: _____</p> <p>FPOC Concurrence: _____ Date: _____</p> <p>The hazards and controls have been properly identified and the work may commence once authorized:</p> <p>ES&H Concurrence: _____ Title: _____ Date: _____</p> <p>Approval: The controls have been confirmed and this proposed activity is authorized to proceed once the "notice to proceed" has been given from the Procurement Specialist.</p> <p>Authorizing Individual (AI): _____ Date: _____</p>						

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To be completed by the ES&H Teams or their Designee in consultation with the RI

<input type="checkbox"/> Other ES&H Documents needed: <input type="checkbox"/> Safety Basis document update needed (e.g., USQ or other) <input type="checkbox"/> Engineering safety note needed <input type="checkbox"/> NEPA document needed _____ <input type="checkbox"/> Job Hazard Analysis needed (JHA) _____ <input type="checkbox"/> Other _____ Attach required documentation or list where the documents can be found: _____
<input type="checkbox"/> Additional Required Work Permits/Approvals: (to be obtained by LLNL, not the subcontractor) <input type="checkbox"/> Building and/or equipment drain <input type="checkbox"/> Interior concrete floor, wall, and ceiling penetration <input type="checkbox"/> Asbestos permit <input type="checkbox"/> Confined space permit <input type="checkbox"/> Hot work <input type="checkbox"/> Hazardous work permit (ES&H Manual Doc. 17.1 Sec. 3.18) <input type="checkbox"/> Lead work <input type="checkbox"/> Radiation work permit <input type="checkbox"/> Roof access <input type="checkbox"/> Soil excavation, grading, and/or drilling permit <input type="checkbox"/> CMID tag needed approval <input type="checkbox"/> Waste minimization analysis needed <input type="checkbox"/> Energy efficiency or water conservation analysis needed <input type="checkbox"/> LLNL Committee approval (committee name) _____ <input type="checkbox"/> Other _____
<input type="checkbox"/> Agency Work Permits/Approvals: <input type="checkbox"/> Special air permit/exemption <input type="checkbox"/> NESHAP <input type="checkbox"/> Special waste permit/exemption <input type="checkbox"/> Special water discharge permit/exemption <input type="checkbox"/> Radioactive waste <input type="checkbox"/> Fish and Wildlife Consultation <input type="checkbox"/> Other: _____
<input type="checkbox"/> Medical Surveillance/Certification: <i>Note: The following medical surveillance/certifications may be required by law. It is the responsibility of the subcontractor to obtain unless otherwise negotiated.</i> <input type="checkbox"/> Asbestos exposure potential <input type="checkbox"/> Beryllium exposure potential <input type="checkbox"/> Biohazard exposure potential <input type="checkbox"/> Carcinogens exposure potential <input type="checkbox"/> Hazardous Waste Worker <input type="checkbox"/> Hearing Conservation required <input type="checkbox"/> Lead exposure potential <input type="checkbox"/> Commercial Drivers License required <input type="checkbox"/> Respirator required <input type="checkbox"/> Laser Eye exposure potential <input type="checkbox"/> Other _____